



1761  
94  
B

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMG control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/711,131
	<b>Filing Date</b>	11/14/00
	<b>First Named Inventor</b>	ROLLE
	<b>Art Unit</b>	1761
	<b>Examiner Name</b>	YEUNG
	<b>Attorney Docket Number</b>	112676.123

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number **23400**  
*Type Customer Number Here*

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	Cynthia K. Nicholson (Reg. No. 36,880)
Signature	
Date	June 10, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

*Total of _____ forms are submitted.
--------------------------------------